TRAVEL VOUCHER OR SUBVOUCHER  Read Privacy Act Statement, Penalty Statement and instructions on back before completing form. Use typewriter, ink or ball point pen. DO NOT use pencil. If more space is needed, continue in Remarks.																		
1. TYPE OF TRAVEL 2. EFT INFOR				MATION			RTN: ACCT#:											
PCS Member/Employee NEW/				□ NEW/			Name	Name/Address of Financial Institution: ACCT TY				ACCT TYPE	: SAV		CI	<u> </u>	Ц	
TAD/TDY Dependent CHANGE																		
OTHER DLA No Cha					ige/Use EF	T on FILE				Т	T			1	A)/F: ^F:	DEC	IMPER	
3. NAME (Last, First, Middle Initial) (Print or type)								4. GRADE		5.	5. SSN			6. TR	AVEL ORI	DER NU		
7. ORGANIZATION AND STATION/CIVILIAN PAYROLL OFFICE			YROLL OFFICE	· —	8. E-MAIL ADDRESS NEW CHANGE							9. WORK PHONE (w/ Area Code)						
10.a. ADDRE	SS (Numbe	er, Street, City	, State, Zip	Code)	b. CITY				c. STATE d. ZIP CODE				e. HOME PHONE (w/ Area Code)			e)		
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a. DATE b. LOCAL TIME c. PLACE				d. MEANS/			e.	f. NUM	UMBER OF MEALS		g.	h.	(Excluding ATM)					
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18. a. DEPENDENT'S ADDRESS ON RECEIPT OF				OF	19. DEPENDENT(S) (X and complete as applicable)						20. C	EPENDE						
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l				[	a. NAME	(Last, First, Mi	iddle Initi	ial)	- 1	b. RE.	LATIONSHI	P c. DO	B OR DOM	a. DT TV				
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b. DEPENDENT'S NEW ADDRESS (including ZIP CODE):			IP CODE):					+			-				· (O)	vcL		
				}						-			WITH MEMBER?  YES NO					
21 HAVE H	OUSEHOLE	O GOODS BE	EN SHIPP	ED? (X one)			П	YES			<u>,                                    </u>			NO				
ZI, MAVER						22. DIS	LOCAT		OWANC	E								_
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A disloca	tion allow	ance for t	his PCS.		M. I. * ==	NO HOT	OH==	3 DEC	DED	pr	ודודו בה דר	SINGLED						
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#### **PRIVACY ACT STATEMENT**

**AUTHORITY:** 

5 USC 5701, 37 USC 404-427, and EO 9397

PRINCIPAL PURPOSE(S):

Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a

numerical identification system for individual claims.

**ROUTINE USE(S):** 

To substantiate claims for reimbursement for official travel.

DISCLOSURE:

Voluntary; however, failure to furnish information requested may result in total or partial denial of amount

claimed.

## **PENALTY STATEMENT**

There are severe criminal and civil penalties for knowingly submitting false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

#### **INSTRUCTIONS**

### **REQUIRED ATTACHMENTS**

- Original and/or legible copies of all travel orders and amendments, as applicable.
- 2. Original and 1 copy of dependent travel authorization if issued.
- Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- 4. Copy of commercial ticket or receipt.
- Original Hotel/Motel receipts and any item of expense claimed in excess of \$75.00.
- 6. Other attachments as directed.

#### **DEDUCTIBLE MEALS**

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see *JFTR*, *Vol.* 1 App A and *JTR*, *Vol* 2, App. D for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

#### Acronyms:

TVL = Travel

TAD = Temporary Additional Duty

DT = Date

DOB = Date of Birth

TDY = Temporary Duty

DOM = Date of Marriage

# ITEM 11. ITINERARY - SYMBOLS

11d. Means/Mode of travel (use two letters)

GTR/TKT Government Transportation Commercial Transportation (Own expense)	- T - G - C	Automobile Motorcycle Bus Plane	- A - M - B - P
Privately Owned Conveyance		Rail	- R
(POC)	- P	Vessel	- V

11e. Reason for Stop

Awaiting Transportation	- AT	Voluntary	-VR
Leave En Route	- LV	Return	
Mission Complete	- MC	Hospital	-HA
Authorized Delay	- AD	Admittance	
Temporary Duty	- TD	Hospital	-HD
		Discharge	

11f. Number of Meals

Breakfast - B

Lunch - L

Dinner - D

- 12. Previous TVL Advances Refers to advances paid by PSD's and Navy Disbursing Officers including shipboard.
- Split Pay Option (SPO) Specified amount to be paid directly to American Express (AMEXCARD).

25. REMARKS